Module A: Screening and Treatment

1. Express concern
2. Advise (abstain or decrease drinking)
3. Provide feedback linking alcohol use and health
4. Offer referral to addiction treatment if appropriate

Sidebar 1: Recommended Limits for Alcohol Consumption
- Men age 65 or below: ≤2 standard drinks per day on average; ≤4 drinks on any one day; ≤14 drinks per week
- Men over age 65 and all women: ≤1 standard drink per day on average; ≤3 drinks on any one day; ≤7 drinks per week

Sidebar 2: Brief Intervention Overview
- Suggested as first line
- Education about AUD/OUD, health consequences, and treatments
- Encouragement to attend and referral to community supports for recovery
- Encouragement to abstain from illicit opioids and other addictive substances

Sidebar 3: Pharmacotherapy
- Recommended: naltrexone, topiramate
- Suggested: extended-release naltrexone
- Consider gabapentin

Sidebar 4: Components of Addiction-focused Medical Management
- Monitoring adherence, response to treatment, and adverse effects
- Education about AUD/OD, health consequences, and treatments
- Encouragement to abstain from illicit opioids and other addictive substances
- Encouragement to attend and referral to community supports for recovery
- Encouragement to make lifestyle changes that support recovery

Sidebar 5: SUD and Co-occurring Conditions
- Refer to corresponding section of CPG on SUD and co-occurring conditions
- Consult other VA/DoD CPGs (e.g., Asthma, Chronic Insomnia Disorder and Obsessive-Compulsive Sleep Apathy, OXK, CM, COPD, Diabetes Mellitus, Headache, Hypertension, LBP, MDD, ntb, PTSD, Opioid Therapy for Chronic Pain, Osteoarthritis, Stroke, and Suicide)

Screening Tools for Unhealthy Alcohol Use

AUDIT-C

<table>
<thead>
<tr>
<th>Items</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you sometimes drink beer, wine, or other alcoholic beverages?</td>
<td>0</td>
</tr>
<tr>
<td>2. On days in the past year when you drank alcohol, how many drinks did you typically have?</td>
<td>0</td>
</tr>
<tr>
<td>3. How many times in the past year have you had 6 or more (for men) or 4 or more (for women) drinks on an occasion in the past year?</td>
<td>0</td>
</tr>
</tbody>
</table>

The minimum score (for non-drinkers) is 0 and the maximum possible score is 12. VA and DoD currently consider a score positive for unhealthy alcohol use if AUDIT-C score is ≥3 points.
Module B: Stabilization and Withdrawal

Inpatient medically supervised alcohol withdrawal management is strongly supported by expert consensus for patients with symptoms of severe alcohol withdrawal (e.g., CIWA-Ar score ≥20) or patients with:
- History of delirium tremens or withdrawal seizures
- Inability to tolerate oral medication
- Co-occurring medical conditions that may contribute to alcohol withdrawal management (e.g., due to homelessness)
- Recurrent unsuccessful attempts at ambulatory withdrawal management
- Reasonable likelihood that the patient will not complete ambulatory withdrawal management (e.g., due to homelessness)
- Active psychosis or severe cognitive impairment

For managing moderate-severe alcohol withdrawal:

- Benzodiazepines
- Carbamazepine
- Valproic acid

Opioid Withdrawal
- For patients with OUD for whom risks of benzodiazepines outweigh benefits:
  - Carbamazepine
  - Gabapentin
  - Valproic acid

- For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:
  - Buprenorphine
  - Methadone in inpatient or OTP only

- For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, or unavailable, and for whom extended-release injectable naltrexone is planned:
  - Lofexidine or clonidine

Sidebar 6: Treatment Setting for Alcohol Withdrawal

Inpatient medically supervised alcohol withdrawal management is strongly supported by expert consensus for patients with symptoms of severe alcohol withdrawal (e.g., CIWA-Ar score ≥20) or patients with:
- History of delirium tremens or withdrawal seizures
- Inability to tolerate oral medication
- Co-occurring medical conditions that would pose serious risk for ambulatory withdrawal management
- Risk of withdrawal from other substances in addition to alcohol (e.g., sedative hypnotics)
- Moderate alcohol withdrawal (e.g., CIWA-Ar score ≥10) and any of the following:
  - History of delirium tremens or withdrawal seizures
  - Withdrawal seizures
  - Need for urgent or emergent care for medical or psychiatric conditions
  - Need for withdrawal management required

Algorithm 1: Stabilization

1. Obtain history, physical examination, mental status examination, medication including over the counter, and laboratory tests as indicated
2. Assess severity of withdrawal symptoms using clinical judgment and standardized measures (e.g., CIWA-Ar for alcohol or COWS for opioids)
3. Provide appropriate care to stabilize medical or psychiatric condition; follow legal mandates; for DoD active duty: keep commanding officer informed
4. For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, or unavailable, we recommend a taper using:
   - Buprenorphine
   - Lofexidine or clonidine

Sidebar 7: Pharmacologic Treatment

Alcohol Withdrawal
- For managing moderate-severe alcohol withdrawal:
  - Benzodiazepines

Opioid Withdrawal
- For patients with OUD for whom maintenance agonist treatment is contraindicated, unacceptable, or unavailable, we recommend a taper using:
  - Buprenorphine
  - Methadone in inpatient or OTP only
  - For patients with OUD for whom methadone and/or buprenorphine are contraindicated, unacceptable, or unavailable, and for whom extended-release injectable naltrexone is planned:
    - Lofexidine or clonidine

Sidebar 8: Tapering Strategies

Alcohol Withdrawal (use one of the following):
- A predetermined fixed medication tapering schedule with additional medication as needed
- Symptom-triggered therapy where patients are given medication only when signs or symptoms of withdrawal occur (PRN dosing)

Opioid Withdrawal
- Use fixed taper for methadone and buprenorphine

Module A - Box 4

Access to the full guideline and additional resources are available at the following link:
https://www.healthquality.va.gov/guidelines/MH/sud/